

# **2006 EMPIE PARK TENNIS CLINICS**

***Pee Wee  
Junior  
Adult***



**Community Services Department**  
City of Wilmington  
302 Willard St.  
Wilmington, NC 28402  
343-3682 phone  
341-7854 fax  
[www.wilmingtonrecreation.com](http://www.wilmingtonrecreation.com)

## **ADULT BEGINNER CLINICS**

**Thursdays 7-8pm**

Session I April 6--May 11  
Session II June 1-July 6  
Session III July 27- Sept 14  
Session IV Sept 21-Oct 26

## **ADULT INTERMEDIATE CLINIC**

**Thursday, 8-9pm**

Session I April 6- May 11  
Session II June 1-July 6  
Session III July 27-Sept 14  
Session IV Sept 21-Oct 26

## **PEE WEE CLINICS**

**Ages 4-8  
Saturdays 9-9:45 am**

Session I April 1- May 6  
Session II May 27-July 1  
Session III July 22-August 26  
Session IV Sept 16-Oct 21

## **JUNIOR TENNIS CLINICS**

**Ages 9-16  
Saturdays 10-10:45am**

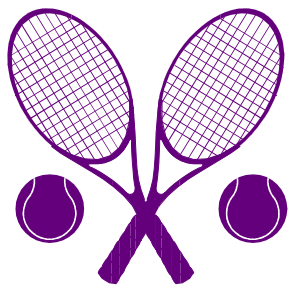
Session I April 1-May 6  
Session II: May 22- July 1  
Session III July 22-August 26  
Session IV Sept 16-Oct 21

## 2006 Tennis Clinics

Class sizes are small to facilitate personalized instruction. Each clinic is taught at Empie Park by Mike Scott, a local USTA Instructor.

Cost is \$75.00 per participant, or \$50.00 for City Discount Card holders. City residents can obtain a City Discount Card from the Athletics office at 302 Willard St. for two dollars. Call 343-3682 for more information.

**You Must Pre-register.**  
**Classes are limited to**  
**10 participants.**



**Adult Beginner, Junior, & Pee Wee** clinics are for beginners who wish to be introduced to the game of tennis. Participants will learn basic groundstrokes, scoring, and game strategy.

The **Adult Intermediate** clinic is for experienced players who wish to fine-tune skills and learn advanced strategy.

### Registration Form

Name: \_\_\_\_\_

If Under 18, Parent name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (home)  
\_\_\_\_\_ (work)

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

#### **CLINIC**

- ☐ Adult Beginner  
☐ Adult Intermediate  
☐ Junior  
☐ Pee Wee

#### **SESSION (dates):**

Total Charge: \_\_\_\_\_

Method of payment:

\_\_\_\_\_ Check \_\_\_\_\_ Cash  
\_\_\_\_\_ Credit Card

**Release:** *I hereby release the City of Wilmington of any and all responsibilities for accidents or losses incurred at the site of the clinic and travel to and from the clinic.*

\_\_\_\_\_  
**Signature:**